## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>6-8-07</u>	Address:	<u>13317 N_700W</u>
Case #:	<u>24F28355</u>		<u> Nарралее</u>
County:	<u>43</u>		
Type of Laboratory Seizure (check one)  Operational Lab		Seizure Location (check all that apply)  Residence	
🔲 Chemie	cal/Glassware/Equipment (only) ite (only)	Outbuilding Vehicle	☐ Hotel/Motel ☐ Open - No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open sir, etc)			
(check all that apply)  [Continue Ammonia Reaction(s): porch & basement			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents: porch			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia: pool barn			
☐ Hydrochloric Acid Gas Generator(s): porch, outside			
Corrosive Acid: basement			
Corrosive Base;			
Other (it	tem and location):		
Child under age 18 discovered (check one) Yes (number present) No		Investigative Information  Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip	
*If yes, fax rep	port to Child Protective Services	⊠ Other:	_
This report	is to be faxed to the following agen	<u>cies that serve the lo</u>	cation:
Fire Departr	nent: Nappance FD	Fax: <u>574-77</u>	
Health Department: <u>Kosciusko</u>		Fax: <u>574-26</u> Fax:	9-2023
Child Protec	etion Service:		
For further in Investigating	nformation regarding this methamphe g Officer: McCay Phon	tamine laboratory, co	ntact

This form is to be faxed to the Pire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.